

Wait List Application

Child Information

Office Use Only: In Procare

First/Last name		N	∕Iale ☐ Female ☐
Desired Start Date	Birthdate	or Due Dat	e
Estimated Age at Ti	me of Enrollment	Sibling of a currently	enrolled child 🖂
Schedule Selection:	Monday-Friday 8:00-3:30pm □	Monday-Friday 8:00-5:3	30pm □
	Include Before – Care (7:30am – 8:00	Dam) 🗀	
Previous Child Care or Preschool			
Reason for leaving	care		
Parent/Guardian In	<u>nformation</u>		
First/Last name			
Home Address		Zip Co	ode
Cell Phone	Email		
First/Last name			
Cell Phone	Email		
We understand that this is not a guarantee of placement in Montessori of Alameda. The fee of \$100			
(payable via check or card) simply puts your child's name on the wait list for the next available opening.			
Signature			Date
This portion under dotted line is shredded after processing.			
-	ted: ☐ Visa ☐ MasterCard		
			1.
Card #		exp Date	

Waitlist Deposit Paid ☐ Confirmation Email Sent ☐ Initial: ___